

100315

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

## BILLED TO :

AL MAJAL AL ARABI FOR MAINT  
JEDDAH

MAINT SLS.

## SHIPPED TO :

KING FAISAL HOSPITAL  
Taif

JED

Billing Acct No :

Payment Terms : Immediately

INVOICE Date : 01.01.2018  
Ref.

INVOICE No.: KEHT201701-1

## INVOICE

No.	Item Code	Description	Qty.	Unit Price SR.	Total Price SR.
10	8000000728	NIDEK GYC Green Laser Silver	1	6,000.00	6,000.00
20	8000000740	NIDEK YC YAG LASER Silver	1	6,000.00	6,000.00
30	8000000830	FRATEMA Examination Unit Silver	2	4,500.00	9,000.00

TOTAL TWENTY-ONE THOUSAND SAUDI RIYALS

Total : SR. 21,000.00

VAT 0.00

NET AMOUNT TWENTY-ONE THOUSAND SAUDI RIYALS

Net Amount : SR. 21,000.00

## Service Manager



Head Office: Jeddah :

P.O.Box 3871 Jeddah 21481 - KSA

Tel.: +966-12-660 1149 / 665 5766

Fax: +966-12-660 1146

KINGDOM WIDE 920028289

Riyadh Branch :

P.O. Box 55177, Riyadh 11534, KSA

Tel.: +966-11- 480 0407

Fax: +966-11- 480 3034

Al-Khobar Branch :

P.O. Box 30047, Al Khobar 31952 - KSA

Tel.: +966-13-864 2911 / 864 3587

Fax: +966-13-899 4033

Al-Madina Branch :

P.O. Box 2870 Madina - KSA

Tel.: +966-14-815 4244 / 815 2529

Fax: +966-14-815 4742

Abha Branch :

Al Rajhi Center - Khalidiya - Abha - KSA

Tel.: +966-17-228 8790

Fax: +966-17-228 8791

Hail Branch :

Hail - KSA

Tel.: +966-16-558-6266

Fax: +966-16-558-5080

Qassim Branch :

Qassim - Buraldah -

Tel.: +966-16-321

Fax: +966-16-321



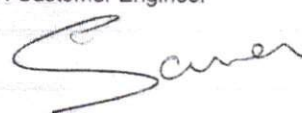
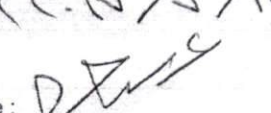
OPD-7082



36351 /17

# Customer SERVICE REPORT

شركة الأمين لصيانة الأجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <b>King Faisal Hospital</b>		Telephone :	Date : <b>12-07-2017</b>	Invoice# :
Address : <b>Taif</b>		Fax :	<input checked="" type="checkbox"/> PPM	
		P.O. # :	<input type="checkbox"/> Installation	
		Received thru :	<input type="checkbox"/> Warranty	
		SAP Service Call # :	<input checked="" type="checkbox"/> Contract	
Contact Person :			<input type="checkbox"/> Paid Service	
Model : <b>GYC-1000</b>		Serial # : <b>12844</b>	Description <b>Green Laser</b>	
Problem / Error :				
Work Report : <b>PPM done as per check list</b>				
<b>Machines working efficiently.</b>				
Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>				
Qty.	Part Description			Price
Warranty Period :				
Acceptance Date		1st PM	2nd PM	3rd PM
/ / 20		/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20
Invoice #				
Travel Time		Working Time		
Date	From To Total Unit Total	Date	From To Total Unit Total	Expenses
Total Travel		Total Work		
Total Expenses:				
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Note : Customer Engineer		
Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Enclosed				
Engineer <b>Osama</b>		Date : <b>12-07-2017</b> Stamp : Signature : 		

(Hotline 9200 - Amico / 9200-26426)

Head Office: Jeddah :  
P.O. Box 3871 Jeddah 21461 - KSA  
Tel. : +966-12-680 1149 / 865 5768  
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KINGDOM WIDE 920028283

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Fax : +966-16-558-5080

Qassim Branch :  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax : +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com



**AMICO**

## MAINTENANCE

Customer

36350 /17

## SERVICE REPORT

شركة الإمبر للصيانة والأجهزة والمعدات الطبية

Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : King Faisal Hospital	Telephone :	Date : 12-07-2017	Invoice#:
Address Taif.	Fax :	<input checked="" type="checkbox"/> PPM	
	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input checked="" type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	
Model : YC-1800	Serial #: 82583	Description	Yag Laser.
Problem / Error :			
Work Report : PPM done as per check list. Machines working efficiently.			
Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>			
Qty.	Part Description		Part # Price
Warranty Period:		Invoice #	
	Acceptance Date	1st PM	2nd PM
	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20
Travel Time		Working Time	Expenses
Date	From To Total Unit Total	Date From To Total Unit Total	Date Total
Total Travel		Total Work	Total Expenses:
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer	Date : 12-07-2017	
Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Signature : [Signature]	Stamp :	
Enclosed		Signature : [Signature]	
Engineer Osama			

( Hotline 9200 - Amico / 9200-26426 )

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Fax: +966-12-660 1146  
KINGDOM WIDE 920028289

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**Al-Khobar Branch :**  
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**Al-Madina Branch :**  
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Tel. : +966-14-815 4244 / 815 2529  
Fax. : +966-14-815 4742

**Abha Branch :**  
Al Rajhi Center - Khaldiya - Abha - KSA  
Tel. : +966-17-228 8790  
Fax : +966-17-228 8791

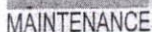
**Hail Branch :**  
Hail - KSA  
Tel. : +966-16-55  
Fax : +966-16-55

**Qassim Branch :**  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax : +966-16-326-7115

E-Mail : [ksa@amicogroup.com](mailto:ksa@amicogroup.com)      [www.amicogroup.com](http://www.amicogroup.com)

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant





شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant





34557 /17

Customer  
SERVICE REPORT

OPD-2152

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : مستشفى		Telephone :		Date : 30.7.2017 Invoice#:													
Address : ذيل لطيف		Fax :		<input checked="" type="checkbox"/> PPM													
		P.O. # :		<input type="checkbox"/> Installation													
		Received thru:		<input type="checkbox"/> Warranty													
		SAP Service Call #:		<input type="checkbox"/> Contract													
Contact Person :				<input type="checkbox"/> Paid Service													
Model : SIMPLEX		Serial # : 4123		Description													
Problem / Error :																	
Work Report : تم فحص الوحدة ووجدت تعطل																	
Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>																	
Qty.	Part Description				Part #	Price											
Warranty Period:						Invoice #:											
	Acceptance Date	1st PM		2nd PM		3rd PM	4th PM										
	/ / 20	/ / 20		/ / 20		/ / 20	/ / 20										
Date	/ / 20	/ / 20		/ / 20		/ / 20	/ / 20										
Travel Time								Working Time				Expenses					
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total				
Total Travel						Total Work						Total Expenses:					
Work Complete		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Note : Customer Engineer				Date :									
Need Follow-up		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						Stamp :									
Enclosed								Signature :									
Engineer																	

( Hotline 9200 - Amico / 9200-26426 )

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KINGDOM WIDE 920028289

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Hail - KSA

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Fax: +966-16-558 5080

Qassim Branch :

Qassim - Buraidah - KSA

Tel. : +966-16-326 3115

Fax: +966-16-326 7115

Origin: Master File, Blue: Customer, Yellow: Workshop, Pink: Engineer, Green: Accountant



**AMICO**

100315

**BILLED TO :**AL MAJAL AL ARABI FOR MAINT  
JEDDAH

MAINT SLS.

**SHIPPED TO :**KING ABDULLAH MEDICAL COMPLEX  
NORTH JEDDAH HSOPITAL

JED

Billing Acct No :

Payment Terms : Immediately

INVOICE Date : 01.01.2018

INVOICE No.: NJH201801-1

Ref.

**INVOICE**

No.	Item Code	Description	Qty.	Unit Price SR.	Total Price SR.
10	8000000728	NIDEK GYC Green Laser Silver	1	6,250.00	6,250.00
20	8000000740	NIDEK YC YAG LASER Silver	1	6,250.00	6,250.00

Total : SR. 12,500.00

VAT 5% 625.00

Net Amount :SR. 13,125.00

NET AMOUNT THIRTEEN THOUSAND, ONE HUNDRED AND TWENTY-FIVE SAUDI RIYALS

**Service Manager**

Head Office: Jeddah :

P.O.Box 3871 Jeddah 21481 - KSA  
Tel.: +966-12-660 1149 / 665 5766

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KINGDOM WIDE 920028289

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Fax: +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com

شركة ذات مسؤولية محدودة - س.ت. : ٤٣٠٠٤٣٧٨٧ - رأس المال ٢٠٠ مليون ريال سعودي - غ.ت. : ١٩٦٨٠





100315

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

## BILLED TO :

AL MAJAL AL ARABI FOR MAINT  
JEDDAH

MAINT SLS.

## SHIPPED TO :

KING ABDULLAH MEDICAL COMPLEX  
NORTH JEDDAH HSOPITAL

JED

Billing Acct No :

Payment Terms : Immediately

INVOICE Date : 01.01.2018  
Ref.

INVOICE No.: NJH201801-1

## INVOICE

No.	Item Code	Description	Qty.	Unit Price SR.	Total Price SR.
10	8000000728	NIDEK GYC Green Laser Silver	1	6,250.00	6,250.00
20	8000000740	NIDEK YC YAG LASER Silver	1	6,250.00	6,250.00

Total : SR. 12,500.00  
VAT 5% 625.00  
Net Amount : SR. 13,125.00

NET AMOUNT THIRTEEN THOUSAND, ONE HUNDRED AND TWENTY-FIVE SAUDI RIYALS

Service Manager



Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA Tel.: +966-12-660 1149 / 665 5766 Fax: +966-12-660 1148  
Riyadh Branch : P.O. Box 55177, Riyadh 11534, KSA Tel.: +966-11-480 0407 Fax: +966-11-480 3034  
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KINGDOM WIDE 920028289

E-Mail: kea@amicogroup.com www.amicogroup.com



34211 /17

**Customer  
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <b>King Abdullah Medical Complex.</b>	Telephone :	Date : <b>14.11.2017</b>	Invoice#:
Address : <b>North Jeddah.</b>	Fax :	<input checked="" type="checkbox"/> PPM	
	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input checked="" type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : <b>YC-1800</b>	Serial #: <b>82701</b>	Description <b>Yag Laser</b>
Problem / Error :		

Work Report : **PPM done as per check list.**  
**Machine's working efficiently.**

Optical ☐ Ophtha ☒ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

Qty.	Part Description	Part #	Price

Warranty Period:		Invoice #			
Acceptance Date	1st PM	2nd PM	3rd PM	4th PM	
/ / 20	/ / 20	/ / 20	/ / 20	/ / 20	
Date	/ / 20	/ / 20	/ / 20	/ / 20	

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total

Total Travel		Total Work		Total Expenses:	
Work Complete	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer		Date: <b>14/11/17</b>	
Need Follow-up	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Signature: <b>Osama</b>		Stamp: <b>المجالس الامنية</b>	
Enclosed				Signature: <b>Badr</b>	
Engineer				Signature: <b>Osama</b>	

( Hotline 9200 - Amico / 9200-26426 )



Hospital / Clinic : <b>King Abdullah Medical Complex.</b>	Telephone :	Date : <b>14.11.2017</b>	Invoice#:
Address : <b>North Jeddah.</b>	Fax :	<input checked="" type="checkbox"/> PPM	
	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input checked="" type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : <b>GYC-1000</b>	Serial # : <b>13086</b>	Description <b>Green Laser</b>
-------------------------	-------------------------	--------------------------------

Problem / Error :

Work Report : **PPM done as per checklist.**

**Machines working efficiently.**

Optical ☐ Ophtha ☒ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

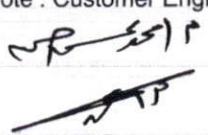
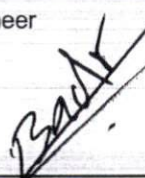

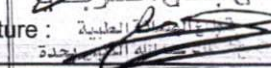
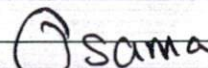
Qty.	Part Description	Part #	Price

Warranty Period: Invoice #

Acceptance Date	1st PM	2nd PM	3rd PM	4th PM
/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total

Total Travel Total Work Total Expenses:

Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer  	Stamp : 
Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Signature : 
Enclosed 		
Engineer		

( Hotline 9200 - Amico / 9200-26426 )





100315

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO :

AL MAJAL AL ARABI FOR MAINT  
JEDDAH

MAINT SLS

SHIPPED TO :

KING ABDUL AZIZ HOSPITAL MAHJAR J)  
JEDDAH

JED

Billing Acct No :

Payment Terms : Payable within 90 Days

PO NO.: KAJ-2-412

Invoice NO# 1090000283

Invoice Dt: 12.02.2016

## INVOICE

No.	Item Code	Description	Qty.	VAT%	VAT Amount	Unit Price SR.	Total Price SR.
	8000000666	ALCO 210-1023-552S ASSY PCB FLUIDICS CON Exchange Price	1	5%	629.25	12,585.00	13,214.2

م. هادي  
م. هادي  
م. هادي

م. هادي  
م. هادي  
م. هادي

م. هادي  
م. هادي  
م. هادي

KAJ-412



TOTAL THIRTEEN THOUSAND TWO HUNDRED FOURTEEN AND 25/100 SAUDI RIYAL ONLY

Total : SR. 12,585.0

NET THIRTEEN THOUSAND TWO HUNDRED FOURTEEN AND 25/100 SAUDI RIYAL ONLY

VAT 629.2

Net Amount : 13,214.2

Service Manager

Head Office: Jeddah :

P.O. Box 3871 Jeddah 21481 - KSA

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Tel.: +966-16-32

Fax: +966-16-32





100315

شركة الأمين للتجهيزات الطبية والعلمية

 Deliver to: Al Amin Medical Instruments Co. Ltd.  
 SAUDI ARABIA Customer SO.: 25089440

BILLED TO :

 AL MAJAL AL ARABI FOR MAINT.  
 JEDDAH

MAINT SLS

SHIPPED TO :

 AL MAJAL AL ARABI FOR MAINT.  
 JEDDAH

JED

Billing Acct No :

Payment Terms : Payable within 90D

PO NO: KAMCJ-126

Date: 31.12.2017 JEDDAH

Quotation No. : 15045411

Invoice# 901141

**INVOICE**

No.	Item Code	Description	Qty.	Unit Price SR.	Total Price SR.
	1000008044	K 14315E001P CABLE	2	7,861.50	15,723.00

 راس المال العربي  
 شركة


TOTAL FIFTEEN THOUSAND SEVEN HUNDRED TWENTY-THREE SAUDI RIYALS

Total : SR. 15,723.00

AMT FIFTEEN THOUSAND SEVEN HUNDRED TWENTY-THREE SAUDI RIYALS

Net Amount : 15,723.00

User:

Time Stamp:

Service Manager

Head Office: Jeddah :

P.O.Box 3871 Jeddah 21481 - KSA

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Fax: +966-12-660 1146

Riyadh Branch :

P. O. Box 55177, Riyadh 11534, KSA

Tel. : +966-11-480 0407

Fax : +966-11-480 3034

Al-Khobar Branch :

P. O. Box 30047, Al Khobar 31952 - KSA

Tel. : +966-13-864 2911 / 864 3587

Fax : +966-13-899 4033

Al-Madina Branch :

P. O. Box 2870 Madina - KSA

Tel. : +966-14-815 4244 / 815 2529

Fax : +966-14-815 4742

Abha Branch :

Al Rajhi Center - Khalidiya - Abha - KSA

Tel. : +966-17-228 8790

Fax : +966-17-228 8791

Hail Branch :

Hail - KSA

Tel. : +966-16-558-6266

Fax : +966-16-558-5080

Qassim Branch :

Qassim - Buraidah -

Tel. : +966-16-321

Fax : +966-16-321

KINGDOM WIDE 920028289

E-Mail : ksa@amicogroup.com www.amicogroup.com

شركة ذات مسؤولية محدودة - س.م.ك - رأس المال : ٢٠٠ مليون ريال سعودي - غ.ت : ١٩٨٠





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.  
SAUDI ARABIA

BILLED TO/الى: الفاتورة: 100315

Company  
AL MAJAL AL ARABI FOR MAINT  
JEDDA  
P.O.BOX 92833  
JEDDAH 21485

Page 1 of 1

MAINT. SL

SHIPPED TO/المستلمة: 100315

Company  
AL MAJAL AL ARABI FOR MAINT  
JEDDA  
P.O.BOX 92833  
JEDDAH 21485

JED

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003  
SO No./رقم طلب البيع: 25091576 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: 800407011 Payment terms/شروط الدفع: Payable within 90 Day  
PO NO./رقم طلب الشراء: Eng. Adel Contact Person/شخص الاتصال:  
Invoice No/رقم الفاتورة: 1090000197 Invoice Date/تاريخ الفاتورة: 01.02.2018

### TAX INVOICE

Refer ence	SKU ID	Item Description	Del Date	QTY	UPrice w/c	VAT%	VAT Amount	Total with
رقم البند	رقم الصف	وصف الصف	تاريخ التوريد	الكمية	VAT السعر الفردى دون الضريبة	ضريبة القيمة المضافة	قيمة الضريبة	VAT الاجمالي
	1000033280	NIDK 11041G016 FIBER OPTIC CABLE GYC1000 قطع غيار اجهزة فحص و عمليات عيون	01.02.2018	1 EA	8,920.00	5%	446.00	9,366.

استلمت الاصل  
خليفة



NINE THOUSAND THREE HUNDRED SIXTY-SIX Total  
SAUDI RIYAL ONLY Quantity  
الكمية:

1 Total SAR/المجموع غير شامل الضريبة: 9,920.00  
VAT SAR/ضريبة القيمة المضافة: 446.00  
Net Amount/المجموع: 9,366.00

User : Mohammed Amenullah

General Manag

Time Stamp : 08.02.2018 10:44

Head Office: Jeddah : P.O.Box 3871 Jeddah 21481 - KSA Tel.: +966-12-660 1149 / 665 5766 Fax: +966-12-660 1146  
Riyadh Branch : P.O. Box 55177, Riyadh 11534, KSA Tel.: +966-11- 480 0407 Fax: +966-11- 480 3034  
Al-Khobar Branch : P.O. Box 30047, Al Khobar 31952 - KSA Tel.: +966-13-864 2911 / 864 3587 Fax: +966-13-899 4033  
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Abha Branch : Al Rajhi Center - Khalidiya - Abha - KSA Tel.: +966-17-228 8790 Fax: +966-17-228 8791  
Hail Branch : Hail - KSA Tel.: +966-16-558 6266 Fax: +966-16-558 5080  
Qassim Branch : Qassim - Buraidah - KSA Tel.: +966-16-32 Fax: +966-16-32

E-Mail: ksa@amicogroup.com www.amicogroup.com

KINGDOM WIDE 920028289



**AMICO**

SAUDI ARABIA

100315

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.**BILLED TO :**AL MAJAL AL ARABI FOR MAINT  
JEDDAH

MAINT SLS.

**SHIPPED TO :**KING FAISAL HOSPITAL  
Taif

JED

Billing Acct No :

Payment Terms : Immediately

INVOICE Date : 01.01.2018

INVOICE No.: KFHT201701-1

Ref.

**INVOICE**

No.	Item Code	Description	Qty.	Unit Price SR.	Total Price SR.
10	8000000728	NIDEK GYC Green Laser Silver	1	6,000.00	6,000.00
20	8000000740	NIDEK YC YAG LASER Silver	1	6,000.00	6,000.00
30	8000000830	FRASTEMA Examination Unit Silver	2	4,500.00	9,000.00

TOTAL TWENTY-ONE THOUSAND SAUDI RIYALS

Total : SR. 21,000.00

VAT 0.00

NET AMOUNT TWENTY-ONE THOUSAND SAUDI RIYALS

Net Amount : SR. 21,000.00

Service Manager



Head Office: Jeddah :  
P.O.Box 3871 Jeddah 21481 - KSA  
Tel.: +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146  
KINGDOM WIDE 920028289

Riyadh Branch :  
P. O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11- 480 0407  
Fax: +966-11- 480 3034

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Fax: +966-17-228 8791

Hail Branch :  
Hail - KSA  
Tel. : +966-16-558-6266  
Fax: +966-16-558-5080

Qassim Branch :  
Qassim - Buraldah - KSA  
Tel. : +966-16-326-3115  
Fax: +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com

شركة ذات مسؤولية محدودة - س.ت. : ٤٠٣٠٠٤٧٧٧ - رأس المال ٢٠٠ مليون ريال سعودي - غ.ت. : ١٩٨٠





SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

BILLED TO/الى: الفاتورة الى: 100315

Company  
.AL MAJAL AL ARABI FOR MAINT  
JEDDA  
P.O.BOX 92833  
JEDDAH 21485

Page 1 of 1

.MAINT. SLS

SHIPPED TO/المستلمة: 100315

Company  
.AL MAJAL AL ARABI FOR MAINT  
JEDDA  
P.O.BOX 92833  
JEDDAH 21485

JED

Amico VAT No./الضريبي: 300466305500003 Customer VAT No./الضريبي للزون: 3002314615100003  
SO No./رقم طلب البيع: 25092940 Billing Acct. No./رقم الحساب:  
Delivery No./رقم التوريد: 800412493 Payment terms/شروط الدفع: Payable within 90 Days  
PO NO./رقم طلب الشراء: Eng. Omar Contact Person/شخص الاتصال:  
Invoice No/رقم الفاتورة: 1090000423 Invoice Date/تاريخ الفاتورة: 25.02.2018

## INVOICE

Refer ence رقم البند	SKU ID رقم الصنف	Item Description وصف الصنف	Del Date تاريخ التوريد	QTY الكمية	UPrice w/c VAT السعر الفردى دون الضريبة	VAT% ضريبة القيمة المضافة	VAT Amount قيمة الضريبة	Total with VAT الاجمالي
	8000000746	US4000/3300 Silver	25.02.2018	1 EA	6,000.00	5%	300.00	6,300.00
	8000000728	GYC1000K Silver	25.02.2018	1 EA	6,000.00	5%	300.00	6,300.00
	8000000728	GYC1000K Silver	25.02.2018	1 EA	6,000.00	5%	300.00	6,300.00
	8000000842	ARKSeries Silver	25.02.2018	2 EA	4,500.00	5%	450.00	9,450.00

TWENTY-EIGHT THOUSAND THREE HUNDRED Total 5  
FIFTY SAUDI RIYAL ONLY Quantity  
الكمية:

المجموع خیر شامل الضريبة/SAR Total 27,000.00  
ضريبة القيمة المضافة/SAR VAT 1,350.00  
المجموع الخیر شامل الضريبة/SAR Net Amount 28,350.00

User : Suhail Moulana Salavudeen

Time Stamp : 04.03.2018 11:22



General Manager

Head Office: Jeddah :

P.O.Box 3871 Jeddah 21481 - KSA

Tel.: +966-12-660 1149 / 665 5766

Fax: +966-12-660 1146

KINGDOM WIDE 920028289

Riyadh Branch :

P. O. Box 55177, Riyadh 11534, KSA

Tel. : +966-11- 480 0407

Fax: +966-11- 480 3034

Al-Khobar Branch :

P. O. Box 30047, Al Khobar 31952 - KSA

Tel. : +966-13-864 2911 / 864 3587

Fax: +966-13-899 4033

Al-Madina Branch :

P. O. Box 2870 Madina - KSA

Tel. : +966-14-815 4244 / 815 2529

Fax: +966-14-815 4742

Abha Branch :

Al Rajhi Center - Khalidiya - Abha - KSA

Tel. : +966-17-228 8790

Fax: +966-17-228 8791

Hail Branch :

Hail - KSA

Tel. : +966-16-558-6266

Fax: +966-16-558-5080

Qassim Branch :

Qassim - Buraidah - KSA

Tel. : +966-16-326-3115

Fax: +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com





شركة الأمين للتجهيزات الطبية والعلمية  
Al Amin Medical Instruments Co. Ltd.

SAUDI ARABIA

100315 : الفاتورة الى/ BILLED TO

Company

.AL MAJAL AL ARABI FOR MAINT

JEDDA

P.O.BOX 92833

JEDDAH 21485

Page 1 of 1

.MAINT. SLS

100315 : المنشأة المستلمة/ SHIPPED TO

Company

.AL MAJAL AL ARABI FOR MAINT

JEDDA

P.O.BOX 92833

JEDDAH 21485

JED

Amico VAT No./الرقم الضريبي: 300466305500003 Customer VAT No./الرقم الضريبي للزبون: 3002314615100003

SO No./رقم طلب البيع: 25092940

Billing Acct. No./رقم الحساب:

Delivery No./رقم التوريد: 800412493

Payment terms/شروط الدفع:

Payable within 90 Days

PO NO./رقم طلب الشراء: Eng. Omar

Contact Person/شخص الاتصال:

Invoice No./رقم الفاتورة: 1090000423

Invoice Date/تاريخ الفاتورة:

25.02.2018

## INVOICE

Refer ence رقم البند	SKU ID رقم الصنف	Item Description وصف الصنف	Del Date تاريخ التوريد	QTY الكمية	UPrice w/c VAT السعر الفردى دون الضريبة	VAT% ضريبة القيمة المضافة	VAT Amount قيمة الضريبة	Total with VAT الاجمالي
	8000000746	US4000/3300 Silver	25.02.2018	1 EA	6,000.00	5%	300.00	6,300.00
	8000000728	GYC1000K Silver	25.02.2018	1 EA	6,000.00	5%	300.00	6,300.00
	8000000728	GYC1000K Silver	25.02.2018	1 EA	6,000.00	5%	300.00	6,300.00
	8000000842	ARKSeries Silver	25.02.2018	2 EA	4,500.00	5%	450.00	9,450.00

TWENTY-EIGHT THOUSAND THREE HUNDRED FIFTY SAUDI RIYAL ONLY Total Quantity الكمية: 5

المجموع غير شامل الضريبة/ Total SAR: 27,000.00

ضريبة القيمة المضافة/ VAT SAR: 1,350.00

المجموع/ Net Amount: 28,350.00

User : Suhail Moulana Selavudeen

Time Stamp :04.03.2018 11:22

General Manager

Head Office: Jeddah :

P.O.Box 3871 Jeddah 21481 - KSA

Tel. : +966-12-660 1149 / 665 5766

Fax: +966-12-660 1146

KINGDOM WIDE 920028289

Riyadh Branch :

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Fax : +966-16-558-5080

Qassim Branch :

Qassim - Buraidah - KSA

Tel. : +966-16-326-3115

Fax : +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com



40389 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <i>King Khalid</i>	Telephone :	Date : <i>16-1-18</i>	Invoice#:
<i>Taof</i>	Fax :	<input checked="" type="checkbox"/> PPM	
Address	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input checked="" type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : <i>Frastema Simplex</i>	Serial # : <i>4123</i>	Description <i>unit</i>
---------------------------------	------------------------	-------------------------

Problem / Error :

*PPH*

Work Report : *PPH is done as per check list*

*machin's working good*

Optical ☐ Ophtha ☐ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

Qty.	Part Description	Part #	Price

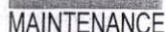
Warranty Period:						Invoice #	
Acceptance Date	1st PM	2nd PM	3rd PM	4th PM			
/ / 20	/ / 20	/ / 20	/ / 20	/ / 20			
Date	/ / 20	/ / 20	/ / 20	/ / 20			

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel						Total Work						Total Expenses:	

Work Complete	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<p>Note: Customer Engineer</p> <p><i>H. Talf</i></p>	Date : <i>14-1-18</i>
Need Follow-up	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Stamp :
Enclosed			Signature : <i>Saw</i>
Engineer	<i>[Signature]</i>		

( Hotline 9200 - Amico / 9200-26426 )



Customer  
**SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : King Faisal		Telephone :		Date : 14-1-18		Invoice#:																																																																																																			
Address : Taef		Fax :		<input checked="" type="checkbox"/> PPM																																																																																																					
		P.O. # :		<input type="checkbox"/> Installation																																																																																																					
		Received thru:		<input type="checkbox"/> Warranty																																																																																																					
		SAP Service Call #:		<input checked="" type="checkbox"/> Contract																																																																																																					
Contact Person :				<input type="checkbox"/> Paid Service																																																																																																					
Model : Simplex		Serial #: 3880		Description Unit																																																																																																					
Problem / Error :																																																																																																									
Work Report : PPM is done as per check list machine's working good.																																																																																																									
Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>																																																																																																									
<table border="1"><thead><tr><th>Qty.</th><th>Part Description</th><th>Part #</th><th>Price</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>								Qty.	Part Description	Part #	Price																																																																																														
Qty.	Part Description	Part #	Price																																																																																																						
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Date	/ / 20	/ / 20	/ / 20	/ / 20																																																																																																					
<table border="1"><thead><tr><th colspan="6">Travel Time</th><th colspan="6">Working Time</th><th colspan="2">Expenses</th></tr><tr><th>Date</th><th>From</th><th>To</th><th>Total</th><th>Unit</th><th>Total</th><th>Date</th><th>From</th><th>To</th><th>Total</th><th>Unit</th><th>Total</th><th>Date</th><th>Total</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="6">Total Travel</td><td colspan="6">Total Work</td><td colspan="2">Total Expenses:</td></tr></tbody></table>								Travel Time						Working Time						Expenses		Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total																																																									Total Travel						Total Work						Total Expenses:	
Travel Time						Working Time						Expenses																																																																																													
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Total Travel						Total Work						Total Expenses:																																																																																													
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Enclosed		Engineer		Date : 14.1.18 Stamp : Signature : Sami																																																																																													

( Hotline 9200 - Amico / 9200-26426 )

Head Office: Jeddah :

**Riyadh Branch :**

Al-Khobar Branch :

Al-Madina Branch :

Abha Branch :

**Hail Branch :**

**Qassim Branch :**

P.O.Box 3871 Jeddah 21481 - KSA

P. O. Box 55177, Riyadh 11534, KSA

P. O. Box 30047, Al Khobar 31952 - KSA

P. O. Box 2870 Madina - KSA

Al Rajhi Center - Khaldiya - Abha - KSA

Hail - KSA

Qassim Branch :  
Qassim, Buraidah, KS

Tel.: +966-12-660 1149 / 665 5766

Tel. : +966-11- 480 0407

Tel. : +966-13-864 2911 / 864 3587

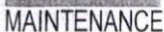
Tel. : +966-14-815 4244 / 815 2529

Tel. : +966-17-228 8790

Tel : +966-16-558-6266

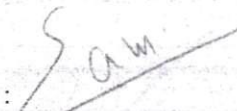
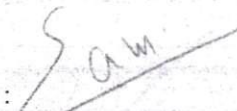
Tel : +966-16-326-3115





## Customer SERVICE REPORT

شركة الأمين لصيانة الأجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : King Fahd Tafel	Telephone :	Date : 16-1-18	Invoice#:											
Address	Fax :	<input checked="" type="checkbox"/> PPM												
P.O. # :	Received thru:	<input type="checkbox"/> Installation												
SAP Service Call #:		<input type="checkbox"/> Warranty												
Contact Person :		<input checked="" type="checkbox"/> Contract												
		<input type="checkbox"/> Paid Service												
Model : OTIS Sam 3000	Serial #: UB3-01527	Description : ultrasound												
Problem / Error :														
Work Report : 7 PM is done as per check list. machine's working good. Bscan probe broken.														
Optical <input type="checkbox"/>	Ophtha <input checked="" type="checkbox"/>	Derma <input type="checkbox"/>	ENT <input type="checkbox"/>											
Ortho <input type="checkbox"/>	Neuro <input type="checkbox"/>	General <input type="checkbox"/>												
Qty.	Part Description		Part #	Price										
Warranty Period:		Invoice #												
Acceptance Date	1st PM	2nd PM	3rd PM	4th PM										
/ / 20	/ / 20	/ / 20	/ / 20	/ / 20										
Date	/ / 20	/ / 20	/ / 20	/ / 20										
Travel Time		Working Time		Expenses										
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date		Total
Total Travel		Total Work		Total Expenses:										
Work Complete	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Note : Customer Engineer	Date : 17-1-18										
Need Follow-up	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Stamp : 											
Enclosed			Signature : 											
Engineer														

( Hotline 9200 - Amico / 9200-26426 )

Head Office: Jeddah :

**Riyadh Branch :**

**Al-Khobar Branch :**

**Al-Madina Branch :**

**Abha Branch :**

**Hail Branch :**

**Qassim Branch :**

P.O.Box 3871 Jeddah 21481 - KSA

P. O. Box 55177, Riyadh 11534, KSA

P. O. Box 30047, Al Khobar 31952 - KSA

P. O. Box 2870 Madina - KSA

Al Rajhi Center - Khalidiya - Abha - KSA

Hail - KSA

Qassim - Buraidah - KS

Tel.: +966-12-660 1149 / 665 5766

Tel. : +966-11- 480 0407

Tel. : +966-13-864 2911 / 864 3587

Tel. : +966-14-815 4244 / 815 2529

Tel. : +966-17-228 8790

Tel. : +966-16-558-6266

Tel : +966-16-326-3115





## Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

( Hotline 9200 - Amico / 9200-26426 )

**Qassim Branch :**  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115



40393 /17

# Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <i>King Fahd Hospital</i>		Telephone :		Date : <i>16/1/17</i>		Invoice#:		
Address		Fax :		<input checked="" type="checkbox"/> PPM				
		P.O. # :		<input type="checkbox"/> Installation				
		Received thru:		<input type="checkbox"/> Warranty				
		SAP Service Call #:		<input checked="" type="checkbox"/> Contract				
Contact Person :				<input type="checkbox"/> Paid Service				
Model : <i>PC 1800</i>		Serial # : <i>82583</i>		Description <i>basor</i>				
Problem / Error :								
<i>PPH</i>								
Work Report :								
<i>PPH is done</i>								
<i>machine working good</i>								
Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>								
Qty.	Part Description					Part #	Price	
Warranty Period:								
Invoice #								
	Acceptance Date		1st PM		2nd PM		3rd PM	
	/ / 20		/ / 20		/ / 20		/ / 20	
Date	/ / 20		/ / 20		/ / 20		/ / 20	
Travel Time			Working Time				Expenses	
Date	From	To	Total	Unit	Total	Date	From	To
Total Travel			Total Work			Total Expenses:		
Work Complete			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Note : Customer Engineer		
Need Follow-up			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Date : <i>10.1.17</i>		
Enclosed						Stamp :		
Engineer						Signature : <i>Saw</i>		

( Hotline 9200 - Amico / 9200-26426 )

Head Office: Jeddah :  
P.O.Box 3871 Jeddah 21481 - KSA  
Tel. : +966-12-660 1149 / 665 5766

Riyadh Branch :  
P.O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11- 480 0407

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P.O. Box 30047, Al Khobar 31952 - KSA  
Tel. : +966-13-864 2911 / 864 3587

Al-Madina Branch :  
P.O. Box 2870 Madina - KSA  
Tel. : +966-14-815 4244 / 815 2529

Abha Branch :  
Al Rajhi Center - Khalidiya - Abha - KSA  
Tel. : +966-17-228 8790

Hail Branch :  
Hail - KSA  
Tel. : +966-16-558-6266

Qassim Branch :  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115



AMICO

Delivery No: 8001319637  
 Customer: شركة الأمين للتجهيزات الطبية والعلمية  
 SAUDI ARABIA

100315

AL MAJAL AL ARABI FOR MAINT. JEDDA  
 JEDDAH 21485

.MAINT. SLS

SHIPPED TO :

AL MAJAL AL ARABI FOR MAINT. JEDDA  
 JEDDAH 21485

JED

Billing Acct. No :

Payment terms : Payable within 90

Days C004

PO NO:

Eng. Masri

Invoice Date : 31.12.2017

Invoice No : 90114153

Contact Person :

## INVOICE

Reference رقم البند	SKU ID رقم الصنف	Item Description وصف الصنف	Qty الكمية	UOM وحدة القياس	Unit Price السعر الفردي SAR	Total Price السعر الاجمالي SAR
	80000011 42	FusionNav Silver	1	each	10,000.00	10,000.00
		Fusion Navigation Silve				
	80000011 48	S7 Silver	1	each	28,000.00	28,000.00
		Medtronic - S7 Silve				
	80000010 76	BiologicNavPro Silver	2	each	5,000.00	10,000.00
		Biologic Nav Pro Silve				
	80000010 82	BiologicOAE Silver	1	each	3,750.00	3,750.00
		Biologic OAE Silve				
	80000009 04	CynergyVS/G Golden	1	each	10,000.00	10,000.00
		CynergyV-Start/General Golde				
	80000009 97	HoyaC6/G PS 1 PPM	1	each	10,000.00	10,000.00
		C6/General Paid Service - 1 PP				

SEVENTY-ONE THOUSAND SEVEN HUNDRED FIFTY Total quantity : 7 Total : SAR 71,750.00  
 SAUDI RIYAL ONLY VAT 5% : 0.00  
 Net Amount : SAR 71,750.00

User : Suhail Moulana Salavudeen

Time Stamp : 25.03.2018 11:22



Head Office: Jeddah :  
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 Fax: +966-12-660 1146  
 KINGDOM WIDE 920028289

Riyadh Branch :  
 P. O. Box 55177, Riyadh 11534, KSA  
 Tel. : +966-11-480 0407  
 Fax: +966-11-480 3034

Al-Khobar Branch :  
 P. O. Box 30047, Al Khobar 31952 - KSA  
 Tel. : +966-13-864 2911 / 864 3587  
 Fax: +966-13-899 4033

Al-Madina Branch :  
 P. O. Box 2870 Madina - KSA  
 Tel. : +966-14-815 4244 / 815 2529  
 Fax: +966-14-815 4742

Abha Branch :  
 Al Rajhi Center - Khalidiya - Abha - KSA  
 Tel. : +966-17-228 8790  
 Fax: +966-17-228 8791

Hail Branch :  
 Hail - KSA  
 Tel. : +966-16-558-6266  
 Fax: +966-16-558-5080

Qassim Branch :  
 Qassim - Buraldah - KSA  
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 Fax: +966-16-326-7115

E-Mail : ksa@amicogroup.com www.amicogroup.com



شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

**Id Office: Jeddah :**  
30x 3871 Jeddah 21481 - KSA  
+966-12-660 1149 / 665 5766  
+966-12-660 1146  
DOM WIDE 920028289

**Riyadh Branch :**  
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**Qassim Branch :**  
Qassim - Buralidah - KSA  
Tel. : +966-16-326-3151



36333 /17

Customer  
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : K.F.G.H	Telephone :	Date : 22 11 2011	Invoice#:
	Fax :	<input type="checkbox"/> PPM	
Address	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : Medtronic Serial #: 4500704731 Description Fusion

Problem / Error :

Work Report : PPM done as per attached check list & the device working very good.

Optical ☐ Ophtha ☐ Derma ☐ ENT ☒ Ortho ☐ Neuro ☐ General ☐

Qty.	Part Description	Part #	Price

Warranty Period:

Invoice #

Acceptance Date	1st PM	2nd PM	3rd PM	4th PM
/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel						Total Work						Total Expenses:	

Work Complete Yes ☒ No ☐

Need Follow-up Yes ☐ No ☒

Enclosed

Engineer *amash*

Note : Customer Engineer

Date :

Stamp :

Signature :

( Hotline 9200 - Amico / 9200-26426 )

Head Office: Jeddah :

P.O.Box 3871 Jeddah 21481 - KSA

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Fax : +966-12-660 1146

KINGDOM WIDE 920028288

Riyadh Branch :

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Fax : +966-11-480 3034

Al-Khobar Branch :

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Fax : +966-16-326-7115



36331 /17

Customer  
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : K.F.G.H.	Telephone :	Date : 20-11-2017	Invoice#:																																																																																																		
	Fax :	<input type="checkbox"/> PPM																																																																																																			
Address	P.O. # :	<input type="checkbox"/> Installation																																																																																																			
	Received thru:	<input type="checkbox"/> Warranty																																																																																																			
	SAP Service Call #:	<input type="checkbox"/> Contract																																																																																																			
Contact Person :		<input type="checkbox"/> Paid Service																																																																																																			
Model : Biologic	Serial #: 081128480	Description	Scout Sport																																																																																																		
Problem / Error :																																																																																																					
Work Report : PPM done as per attached check list & the device working very good.																																																																																																					
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input checked="" type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>																																																																																																					
Qty.	Part Description		Price																																																																																																		
Warranty Period:																																																																																																					
	Acceptance Date	1st PM	2nd PM																																																																																																		
	/ / 20	/ / 20	/ / 20																																																																																																		
Date	/ / 20	/ / 20	/ / 20																																																																																																		
<table border="1"> <thead> <tr> <th colspan="6">Travel Time</th> <th colspan="6">Working Time</th> <th colspan="2">Expenses</th> </tr> <tr> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>Total</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="6">Total Travel</td> <td colspan="6">Total Work</td> <td colspan="2">Total Expenses:</td> </tr> </tbody> </table>				Travel Time						Working Time						Expenses		Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total																																																									Total Travel						Total Work						Total Expenses:	
Travel Time						Working Time						Expenses																																																																																									
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total																																																																																								
Total Travel						Total Work						Total Expenses:																																																																																									
Work Complete		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer		Date :																																																																																																
Need Follow-up		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Stamp :																																																																																																
Enclosed				Signature :																																																																																																	
Engineer																																																																																																					

( Hotline 9200 - Amico / 9200-26426 )

Head Office: Jeddah :  
P.O.Box 3871 Jeddah 21481 - KSA  
Tel. : +966-12-660 1149 / 665 5766  
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P.O. Box 55177, Riyadh 11534, KSA  
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Hail - KSA  
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Fax : +966-16-558-5080Qassim Branch :  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax : +966-16-326-7115



40216 /17

**Customer  
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <u>King Fahd Hospital</u>		Telephone :		Date <u>21/12/17</u>		Invoice#:							
Address : <u>Jeddah</u>		Fax :		<input type="checkbox"/> PPM									
		P.O. # :		<input type="checkbox"/> Installation									
		Received thru:		<input type="checkbox"/> Warranty									
		SAP Service Call #:		<input checked="" type="checkbox"/> Contract									
Contact Person :				<input type="checkbox"/> Paid Service									
Model : <u>Cynosure VStar</u>		Serial #: <u>VSHP-0419</u>		Description <u>Dye laser (Vascular Laser)</u>									
Problem / Error : <u>PPM under contract</u>													
Work Report : <u>checked the system under contract as per list attached</u>													
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>													
Qty.	Part Description					Part #	Price						
Warranty Period: Invoice #													
	Acceptance Date		1st PM		2nd PM		3rd PM		4th PM				
	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20				
te	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20				
Travel Time			Working Time					Expenses					
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel						Total Work						Total Expenses:	
Work Complete		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer <u>Eng. Samar Salih</u>				Date : <u>21/12/17</u>		Stamp : <u>Cfsat</u>				
Need Follow-up		Yes <input type="checkbox"/> No <input type="checkbox"/>					Signature : <u>38/1/17</u>						
Enclosed													
Engineer		<u>Marijman</u>											

( Hotline 9200 - Amico / 9200-26426 )

Head Office: Jeddah :  
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E-Mail : ksa@amigroup.com www.amigroup.com



40220 /17

Customer  
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : King Fahad General Hospital Jeddah		Telephone :		Date : 21/12/17		Invoice#:	
Address		Fax :		<input type="checkbox"/> PPM			
		P.O. # :		<input type="checkbox"/> Installation			
		Received thru:		<input type="checkbox"/> Warranty			
		SAP Service Call #:		<input checked="" type="checkbox"/> Contract			
Contact Person :				<input type="checkbox"/> Paid Service			
Model : cyprus medlie		Serial #: mcb-4063		Description Q-switched			
Problem / Error : CG		YAG + 532nm					
Work Report : ppm contract DONE as per supplier's check list (attached)							
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>							
Qty.	Part Description					Part #	Price
	system working good						
Warranty Period:							
Acceptance Date		1st PM		2nd PM		3rd PM	
/ / 20		/ / 20		/ / 20		/ / 20	
Date		/ / 20		/ / 20		/ / 20	
Invoice #							
Travel Time		Working Time				Expenses	
Date	From	To	Total	Unit	Total	Date	Total
Total Travel		Total Work				Total Expenses:	
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Note : Customer Engineer				Date : 21/12/17	
Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						Stamp :	
Enclosed						Signature : Eng. Samar Salah	
Engineer						3/1/18	

( Hotline 9200 - Amico / 9200-26426 )

Head Office: Jeddah :

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40211 /17

**Customer  
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <u>King Fahad General Hospital Jeddah</u>		Telephone :	Date : <u>2/11/2017</u>	Invoice#:
Address		Fax :	<input type="checkbox"/> PPM	
		P.O. # :	<input type="checkbox"/> Installation	
		Received thru:	<input type="checkbox"/> Warranty	
		SAP Service Call #:	<input checked="" type="checkbox"/> Contract	
Contact Person :			<input type="checkbox"/> Paid Service	
Model : <u>Photomax</u>		Serial # : <u>80940</u>	Description <u>Excimer laser</u>	
Problem / Error : <u>AL 8000</u>				
<u>ppm / contract</u>				
Work Report : <u>ppm Done as per Supplier's check list.</u>				
<u>System working good.</u>				
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>				
Qty.	Part Description			Part #
Warranty Period:		Invoice #		
	Acceptance Date	1st PM	2nd PM	3rd PM
	/ / 20	/ / 20	/ / 20	/ / 20
	/ / 20	/ / 20	/ / 20	/ / 20
Travel Time		Working Time		
Date	From	To	Total	Unit
Total Travel		Total Work		
Expenses				
Total Expenses:				
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Note : Customer Engineer		Date : <u>2/11/2017</u>
Need Follow-up Yes <input type="checkbox"/> No <input type="checkbox"/>				Stamp :
Enclosed				Signature : <u>Eng. Samir Salah</u>
Engineer <u>Mari Jahan</u>				

( Hotline 9200 - Amico / 9200-26426 )

Head Office: Jeddah :  
P.O.Box 3871 Jeddah 21481 - KSA  
Tel. : +966-12-660 1149 / 665 5766  
Fax: +966-12-660 1146

Riyadh Branch :  
P.O. Box 55177, Riyadh 11534, KSA  
Tel. : +966-11- 480 0407  
Fax: +966-11- 480 3034

Al-Khobar Branch :  
P.O. Box 30047, Al Khobar 31952 - KSA  
Tel. : +966-13-864 2911 / 864 3587  
Fax : +966-13-899 4033

Al-Madina Branch :  
P.O. Box 2870 Madina - KSA  
Tel. : +966-14-815 4244 / 815 2529  
Fax : +966-14-815 4742

Abha Branch :  
Al Rajhi Center - Khaldiya - Abha - KSA  
Tel. : +966-17-228 8790  
Fax : +966-17-228 8791

Hail Branch :  
Hail - KSA  
Tel. : +966-16-558-6266  
Fax : +966-16-558-5080

Qassim Branch :  
Qassim - Buraidah - KSA  
Tel. : +966-16-326-3115  
Fax : +966-16-326-7115



Hospital / Clinic : K.F.G.H	Telephone :	Date : 20-11-2017	Invoice#:
	Fax :	<input type="checkbox"/> PPM	
Address	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : Biologic	Serial #: 091128480	Description : Scant sport
Problem / Error :		

Work Report : PPM done as per attached check List & the device working very good.

Optical ☐ Ophtha ☐ Derma ☐ ENT ☒ Ortho ☐ Neuro ☐ General ☐

Qty.	Part Description	Part #	Price

Warranty Period: Invoice #

Acceptance Date	1st PM	2nd PM	3rd PM	4th PM
/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel						Total Work						Total Expenses:	

Work Complete	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer	Date :
Need Follow-up	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Stamp :
Enclosed			Signature :
Engineer	amir		

( Hotline 9200 - Amico / 9200-26426 )

Head Office: Jeddah :

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36331 /17

**Customer  
SERVICE REPORT**

شركة الأمين لصيانة الأجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <i>Al-Falah</i>		Telephone :		Date :		Invoice#:							
Address		Fax :		<input type="checkbox"/> PPM									
		P.O. # :		<input type="checkbox"/> Installation									
		Received thru:		<input type="checkbox"/> Warranty									
		SAP Service Call #:		<input type="checkbox"/> Contract									
Contact Person :				<input type="checkbox"/> Paid Service									
Model : <i>Biologic</i>		Serial #:		Description : <i>Heart port</i>									
Problem / Error :													
Work Report : <i>PPM done as per attached sheet listed</i>													
<i>The device working very good.</i>													
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>													
Qty.	Part Description					Part #	Price						
Warranty Period:													
Invoice #													
	Acceptance Date		1st PM		2nd PM		3rd PM		4th PM				
	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20				
Date	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20				
Travel Time			Working Time					Expenses					
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel			Total Work					Total Expenses:					
Work Complete		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		Note : Customer Engineer				Date :				
Need Follow-up		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						Stamp :				
Enclosed										Signature :			
Engineer													

( Hotline 9200 - Amico / 9200-26426 )

Head Office: Jeddah :  
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Fax : +966-12-660-1146

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Fax : +966-11- 480 3034

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Fax : +966-17-228 8791

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Fax : +966-16-558-5080

Qassim Branch :  
Qassim - Buraidah - KSA  
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Fax : +966-16-326-7115



36336 /17

**Customer  
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <b>K.F.G.H</b>		Telephone :		Date : <b>22.11.2017</b>		Invoice#:	
Address:		Fax :		<input checked="" type="checkbox"/> PPM			
		P.O. #:		<input type="checkbox"/> Installation			
		Received thru:		<input type="checkbox"/> Warranty			
		SAP Service Call #:		<input checked="" type="checkbox"/> Contract			
Contact Person :				<input type="checkbox"/> Paid Service			
Model : <b>Natur-BioLogic</b>		Serial #: <b>10B05771M</b>		Description <b>ABR</b>			
Problem / Error :							
Work Report : <b>PPM done as per attached checklist of the device working very good.</b>							
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>							
Qty.	Part Description					Part #	Price
Warranty Period:							
Acceptance Date		1st PM		2nd PM		3rd PM	
/ / 20		/ / 20		/ / 20		/ / 20	
Date		/ / 20		/ / 20		/ / 20	
Travel Time				Working Time			
Date	From	To	Total	Unit	Total	Date	Total
Total Travel				Total Work		Total Expenses:	
Work Complete		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Note : Customer Engineer		Date :	
Need Follow-up		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Stamp :	
Enclosed						Signature :	
Engineer		<b>amar</b>					

( Hotline 9200 - Amico / 9200-26426 )

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Fax : +966-16-326-7115



36336 /17

**Customer  
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <b>K.F.G.H</b>		Telephone :		Date : <b>22.11.2017</b>		Invoice#:	
Address		Fax :		<input checked="" type="checkbox"/> PPM			
P.O. # :		Received thru:		<input type="checkbox"/> Installation			
SAP Service Call #:		Warranty		<input type="checkbox"/> Contract			
Contact Person :		Paid Service		<input type="checkbox"/> Paid Service			
Model : <b>Natus-BioLogic</b>		Serial #: <b>10B05771M</b>		Description <b>ABR</b>			
Problem / Error :							
Work Report : <b>PPM done as per attached checklist of the device working very good.</b>							
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>							
Qty.	Part Description					Part #	Price
Warranty Period:							
Invoice #							
Acceptance Date		1st PM		2nd PM		3rd PM	
/ / 20		/ / 20		/ / 20		/ / 20	
Date		/ / 20		/ / 20		/ / 20	
Travel Time		Working Time				Expenses	
Date	From	To	Total	Unit	Total	Date	Total
Total Travel		Total Work				Total Expenses:	
Work Complete		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Note : Customer Engineer		Date :	
Need Follow-up		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Stamp :	
Enclosed						Signature :	
Engineer							

( Hotline 9200 - Amico / 9200-26426 )

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Fax: +966-16-326-7115

E-Mail : ksa@amicongroup.com    www.amicongroup.com



36336 /17

## Customer SERVICE REPORT

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic :		Telephone :		Date :		Invoice#:							
		Fax :		<input checked="" type="checkbox"/> PPM									
Address		P.O. # :		<input type="checkbox"/> Installation									
		Received thru:		<input type="checkbox"/> Warranty									
		SAP Service Call #:		<input checked="" type="checkbox"/> Contract									
Contact Person :				<input type="checkbox"/> Paid Service									
Model :		Serial #:		Description									
Problem / Error :													
Work Report :													
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>													
Qty.	Part Description					Part #	Price						
Warranty Period:				Invoice #									
	Acceptance Date		1st PM		2nd PM		3rd PM		4th PM				
	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20				
Date	/ / 20		/ / 20		/ / 20		/ / 20		/ / 20				
Travel Time			Working Time					Expenses					
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel			Total Work			Total Expenses:							
Work Complete		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Note : Customer Engineer				Date :					
Need Follow-up		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>					Stamp :					
Enclosed						Signature :							
Engineer													

( Hotline 9200 - Amico / 9200-26426 )

Head Office: Jeddah :

P.O.Box 3871 Jeddah 21481 - KSA

Tel: +966-12-660 1149 / 665 5766

Fax: +966-12-660 1146

**Riyadh Branch :**

P. O. Box 55177, Riyadh 11534, KSA

Tel : +966-11- 480 0407

Fax : +966-11- 480 3034

**Al-Khobar Branch :**

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Fax : +966-13-899 4033

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**Hail Branch :**

Hail - KSA

Tel. : +966-16-558-6266

Fax : +966-16-558-5080

**Qassim Branch :**

Qassim - Buraidah - KSA

Tel. : +966-16-326-3115

Fax. : +966-16-326-7115



36335 /17

**Customer  
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <i>K.S.C.H.</i>		Telephone :		Date : <i>7/11/2010</i>		Invoice#:																																																																																																																		
		Fax :		<input type="checkbox"/> PPM																																																																																																																				
Address		P.O. # :		<input type="checkbox"/> Installation																																																																																																																				
		Received thru:		<input type="checkbox"/> Warranty																																																																																																																				
		SAP Service Call #:		<input type="checkbox"/> Contract																																																																																																																				
Contact Person :				<input type="checkbox"/> Paid Service																																																																																																																				
Model : <i>Natus Biology</i>		Serial # : <i>02H X1011</i>		Description <i>APK</i>																																																																																																																				
Problem / Error :																																																																																																																								
Work Report : <i>PPM done as per attached checklist</i>																																																																																																																								
<i>the device working very good.</i>																																																																																																																								
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input checked="" type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>																																																																																																																								
Qty.	Part Description					Part #	Price																																																																																																																	
Warranty Period:																																																																																																																								
Invoice #																																																																																																																								
	Acceptance Date		1st PM		2nd PM		3rd PM																																																																																																																	
	/ / 20		/ / 20		/ / 20		/ / 20																																																																																																																	
Date	/ / 20		/ / 20		/ / 20		/ / 20																																																																																																																	
<table border="1"> <thead> <tr> <th colspan="6">Travel Time</th> <th colspan="6">Working Time</th> <th colspan="2">Expenses</th> </tr> <tr> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>From</th> <th>To</th> <th>Total</th> <th>Unit</th> <th>Total</th> <th>Date</th> <th>Total</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="6">Total Travel</td> <td colspan="6">Total Work</td> <td colspan="2">Total Expenses:</td> </tr> </tbody> </table>									Travel Time						Working Time						Expenses		Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total																																																																							Total Travel						Total Work						Total Expenses:	
Travel Time						Working Time						Expenses																																																																																																												
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total																																																																																																											
Total Travel						Total Work						Total Expenses:																																																																																																												
Work Complete		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Note : Customer Engineer				Date :																																																																																																																
Need Follow-up		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						Stamp :																																																																																																																
Enclosed								Signature :																																																																																																																
Engineer		<i>Amico</i>																																																																																																																						

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36335 /17

**Customer SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية  
Al Amin Maintenance & Contracting Co. Ltd.

Hospital / Clinic : <i>K. F. G. H</i>	Telephone :	Date : <i>22 11 70</i>	Invoice#:
	Fax :	<input type="checkbox"/> PPM	
Address	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : *Natus-Biologic* Serial #: *08H049695* Description *ABR*  
Problem / Error :

Work Report : *PPM done as per attached checklist  
the device working very good -*

Optical ☐ Ophtha ☐ Derma ☐ ENT ☒ Ortho ☐ Neuro ☐ General ☐

Qty.	Part Description	Part #	Price

Warranty Period:	Invoice #				
Acceptance Date	1st PM	2nd PM	3rd PM	4th PM	
/ / 20	/ / 20	/ / 20	/ / 20	/ / 20	
Date					
/ / 20	/ / 20	/ / 20	/ / 20	/ / 20	

Travel Time						Working Time						Expenses		
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total	
Total Travel						Total Work						Total Expenses:		

Work Complete	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer	Date :
Need Follow-up	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Stamp :
Enclosed			Signature :
Engineer	<i>[Signature]</i>		

( Hotline 9200 - Amico / 9200-26426 )



Hospital / Clinic : <b>K. F. G. H</b>	Telephone :	Date : <b>22.11.2017</b>	Invoice#:
	Fax :	<input type="checkbox"/> PPM	
Address	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : <b>Natus Biologic</b>	Serial #: <b>08H249695</b>	Description <b>ABR</b>
Problem / Error :		

Work Report : **PPM done as per attached checklist  
the device working very good.**

Optical <input type="checkbox"/>	Ophtha <input type="checkbox"/>	Derma <input type="checkbox"/>	ENT <input checked="" type="checkbox"/>	Ortho <input type="checkbox"/>	Neuro <input type="checkbox"/>	General <input type="checkbox"/>
Qty.	Part Description				Part #	Price

Warranty Period:					Invoice #				
	Acceptance Date	1st PM	2nd PM	3rd PM	4th PM				
	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20				
Date	/ / 20	/ / 20	/ / 20	/ / 20	/ / 20				

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel						Total Work						Total Expenses:	

Work Complete	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Note : Customer Engineer	Date :
Need Follow-up	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		Stamp :
Enclosed				Signature :
Engineer				

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Head Office: Jeddah :

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KINGDOM WIDE 9200-26426

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Hospital / Clinic : <b>King Fahad Hospital</b>		Telephone :	Date : <b>6/12/17</b>	Invoice#:
Address		Fax :	<input checked="" type="checkbox"/> PPM	
		P.O. # :	<input type="checkbox"/> Installation	
		Received thru:	<input type="checkbox"/> Warranty	
		SAP Service Call #:	<input type="checkbox"/> Contract	
Contact Person :			<input type="checkbox"/> Paid Service	
Model : <b>Devilion</b>		Serial #: <b>P3481-SNRPC-000</b>	Description <b>UVB Cabinet</b> <b>(fully Body phototherapy)</b>	
Problem / Error :				
Work Report :				
<b>PPM is done. The machine is working properly.</b>				
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/>				
Qty.	Part Description			Part #    Price
Warranty Period:		Invoice #		
	Acceptance Date	1st PM	2nd PM	3rd PM
	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20
Travel Time		Working Time		
Date	From	To	Total	Unit
Total Travel		Total Work		
Total Expenses:				
Work Complete    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Note : Customer Engineer		Date : <b>6/12/2017</b>
Need Follow-up    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Signature : <b>Erg. Samer Zaidi Eldin</b>		Stamp :
Enclosed				Signature :
Engineer <b>Osamah Algllofi</b>				

( Hotline 9200 - Amico / 9200-26426 )



Hospital / Clinic :	Telephone :	Date : 6/12/17	Invoice#:
King Fahad Hospital	Fax :	<input checked="" type="checkbox"/> PPM	
Address	P.O. # :	<input type="checkbox"/> Installation	
	Received thru:	<input type="checkbox"/> Warranty	
	SAP Service Call #:	<input type="checkbox"/> Contract	
Contact Person :		<input type="checkbox"/> Paid Service	

Model : TP-4DLT2	Serial #: 71000095	Description UV Irradiation
Problem / Error :		

## Work Report :

PPM is done. The machine is working properly.

Optical ☐ Ophtha ☐ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

Qty.	Part Description	Part #	Price

## Warranty Period:

Invoice #

Acceptance Date	1st PM	2nd PM	3rd PM	4th PM
/ / 20	/ / 20	/ / 20	/ / 20	/ / 20
Date	/ / 20	/ / 20	/ / 20	/ / 20

Travel Time						Working Time						Expenses	
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	Total
Total Travel						Total Work						Total Expenses:	

Work Complete	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Need Follow-up	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Enclosed	
Engineer	Osamah Alghofi

Note : Customer Engineer

Erg. Samar Salahr

Date : 6/12/17

Stamp :

Signature :

( Hotline 9200 - Amico / 9200-26426 )

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